MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875) 4/27/06

SERIAL NO. 10/716430   FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	DEP.	AFTER 1st AMENDMENT IND.	DEP.	AFTER 2nd AMENDMENT IND.	DEP.	Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51	1				1	
2				1		1	52		1				1
3				1		2	53	1				1	
4			1		1		54		1				1
5				1		1	55		1				1
6				1		2	56		1				3
7			1			4	57		1			1	
8				1		4	58		1				1
9				1		4	59		1				1
10				1		4	60		1				3
11				1		4	61		1				3
12				1		4	62		1				3
13				1		4	63		1				3
14				1		4	64	1				1	
15				1		4	65		1				1
16			1		1		66		1				2
17				1		1	67		1				2
18				1		2	68		1				2
19				1		2	69	1					
20				1		2	70						1
21				1		2	71						1
22				1		2	72						1
23				1		2	73						1
24				1		2	74						
25				1		2	75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35			1		1		85						
36				1		1	86						
37				1		2	87						
38				1		2	88						
39				1		2	89						
40				1		2	90						
41				1		2	91						
42				1		2	92						
43				1		2	93						
44				1		2	94						
45			1		1		95						
46				1		1	96						
47				1		2	97						
48			1		1		98						
49				1		1	99						
50			1			2	100						
TOTAL IND.							TOTAL IND.					10	
TOTAL DEP.							TOTAL DEP.					113	
TOTAL CLAIMS							TOTAL CLAIMS					123	